

Eligibility Verification

Provider Fair
May 2014




Common Eligibility Verification Methods

1. Online through the Montana Access to Health (MATH) web portal (<https://mtaccessstohealth.acs-shc.com/>)
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack 1-800-714-0075
4. Provider Relations 1-800-624-3958


1. Montana Access to Health (MATH) Web Portal

- From the Montana Medicaid Provider Information webpage www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Eligibility inquiry capability in addition to many other inquiry transactions
- Secure website



**Public Health
and Human Services**

Healthy People. Healthy Communities.



Welcome to the Montana
Department of Public Health
and Human Services
Richard H. Oppen, Director

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Montana Medicaid

New or Existing
Provider Enrollment

**Log in to Montana
Access to Health**

Member Information

Provider Information

Montana Medicaid Provider Information

What's New on the Website This Week

Web Postings


A list of the documents posted to the website for the current week.

Announcements


4

April 30, 2014


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MATH Web Portal



Montana's Official State Website



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Help

Log In

Web Registration

Provider Enrollment

Provider Web Portal Home

Public Assistance Toolkit

EDI

Provider Locator

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:

Password:

Log In

[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.

Eligibility Inquiry



mt.gov
Montana's Official State Website

DEPARTMENT

Montana Access to Health Web Portal

HOME INQUIRIES SUBMISSIONS RETRIEVALS MA


Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following information about each function, click the corresponding column header section, to display your current Montana Access to Health Web Portal page allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage
Eligibility	Upload Files	View/Download Files	Add New User
Claim Status		View e!SOR Reports	Add Existing User
Provider Payment Summary		My Inbox	Update or Delete User
Claims-based Medical History			Manage Settings
Electronic Health Record			
Ask Provider Relations			
Provider Locator			

Inquiry: Eligibility



Department of Public Health and Human Services

Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

[Exit](#) | [Help](#)

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

[Home](#) > [Inquiries](#) > Eligibility Inquiry

MT DPHHS

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

** denotes required field(s)*

* NPI or Provider Number:

* Date of Service: mm dd ccyy

* Client Information:

Client ID:

or


Last Name:

First Name: M.I.:


Date of Birth: mm dd ccyy

Service Type Code:

Eligibility Inquiry



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HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirmation

MT DPHHS

Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID: 1234597

Name: Jane Doe

Date of Birth: 02/01/1990

Gender Code: F: Female

Back to Eligibility Inquiry

View Client Eligibility

Eligibility Response: Sec. 1

Client Demographics

HOME	INQUIRIES	SUBMISSIONS	RETRIEVALS	MANAGE USERS	MY ACCESS
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[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response MT DPHHS

Eligibility Inquiry Response



Client Demographic Information

Client Original ID:	123459723	NPI or Provider ID:	XXXXXXXXXX
Client Current ID:	00123459723	Date of Service:	04/02/2014
Client Member ID:	1234597	Valid Request Indicator:	
Name:	Jane Doe	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
City:	Waterside	Date of Death:	
County Code:	25	Trace Number:	21000000010000000T
State:	MT		
Zip Code:	599990000		
Date of Birth:	02/01/1990		
Gender Code:	F: Female		

Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.

Eligibility Response: Sec. 2

Service Types

Service Type Code	Co-Payment/Co-Insurance
1: Medical Care	\$ 0.00
47: Hospital	\$ 0.00
86: Emergency Services	\$ 0.00
MH: Mental Health	\$ 3.00
UC: Urgent Care	\$ 4.00
98: Professional (Physician) Visit - Office	\$ 4.00
50: Hospital - Outpatient	\$ 5.00
88: Pharmacy	\$ 5.00
48: Hospital - Inpatient	\$ 100.00

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Basic Coverage		11/01/2010	04/30/2014

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
TEAM CARE	RIVERSTONE HEALTH	4062473350	01/07/2014	04/30/2014

Plan Coverage Description	Plan/HIP Name	Plan/HIP Phone Number	Begin Date	End Date
Medicaid Health Improvement Program	RIVERSTONE HEALTH	4062473350	12/01/2013	04/30/2014

Restricted Client Information

Exception Description	Provider Name	Provider Phone Number	Period Effective Date	Period Expiration Date
Restricted Pharmacy	MONTANA CVS PHARMACY LLC	4062597861	12/22/2011	04/30/2014

Eligibility Response: Sec. 3

Information Source Data

Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Contact Name: ACS Provider Services
Primary Identifier: 77039
Communication Number: 8006243958

Information Receiver Data

Organization/Last Name: Test Provider
First Name: M.I.:
NPI or Provider Number: XXXXXXXXXXXX
Portal ID of Requestor:

[Inquiries](#)[New Eligibility Inquiry](#)[Current Eligibility Inquiry](#)[Medical History Inquiry](#)

2. Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by Member ID Number
- Press 2 to search by Card Control Number
- Access one member at a time
 - Multiple members within phone call
- Options to check provider payment and claim status

3. FaxBack

- 1-800-714-0075
- Enter provider ID and member ID numbers
- Response within 10 minutes
- Paper verification
- TPL information located on page 2

**MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM
FAXBACK REQUEST RESPONSE**

Provider Services Phone: 1-800-624-3958
Total Pages Transmitted: 2
To: ACS
Provider ID/NPI: 1110889
Provider Phone: 0000000000
Provider Fax: 4064422819

Input Information

Client ID: Date of Birth: 01272004
Date of Service: 07192012 Card Control Number: 1111232

Transaction Response

Audit No.:	201220111373313FM	Client Name:	DOE, JOHN
Mcaid/HMKPlus:	Y	Card Control Number:	1111232
Client Gender:	M	Date of Birth:	01272004
Date of Death:	00000000	Current ID:	111331111
Original ID:			
HMK/CHIP:	N	Part-A/B:	N/N
Medicare #:	0000000000	Nursing-Home:	N
No. of TPLs:	01	Waiver:	N
Incurment Day:			

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:

Current Third Party Liability (TPL) Coverage

Carrier Name:	PREMERA BC	Carrier Code:	K85
Address:	P O BOX 91059 SEATTLE, WA 98111-9159		
Begin Date:	20110401	End Date:	20991231
Policy #:	311113111	Group #:	9002235
Subscriber Name:	DOE	Subscriber Initial:	R
Subscriber SSN:			

4. Provider Relations Call Center

- 1-800-624-3958 or 1-406-442-1837
- Hours Monday through Friday, 8 a.m. to 5 p.m. Mountain Time

Additional Eligibility Verification

- **What does the member have for coverage?**
 - Full and Basic Medicaid
 - Healthy Montana Kids /Healthy Montana Kids *Plus*
 - Mental Health Services Plan (MHSP)
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Psychiatric Residential Treatment Facility (PRTF)

Other Items to Consider

- Are the services covered?
 - General and specific provider type manuals and replacement pages.
 - On the Montana Medicaid Provider Information webpage, www.mtmedicaid.org, click the Resources by Provider Type link to access your provider type page.
 - Fee schedule
 - Passport indicator
 - Prior authorization

Provider Relations Contact Information

Call Center

- 1-800-624-3958 or 1-406-442-1837
8 a.m. to 5 p.m.
Monday through Friday
Mountain Time

Field Representative

- Aaron Hahm, 406-457-9598

Manager

- Danielle Wood, 406-457-9559



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